



City of Hampton

Community Development Department  
22 Lincoln Street – 3<sup>rd</sup> Floor  
Hampton, VA 23669  
(757) 728-2444

## DEMOLITION PERMIT APPLICATION

Date: \_\_\_\_\_

<b>OWNER</b>			
Name: _____		Telephone: _____	
Address: _____			
City: _____	State: _____	Zip Code: _____	
Email: _____		Fax No.: _____	
<b>CONTRACTOR</b>			
Name: _____		Telephone: _____	
Address: _____			
City: _____	State: _____	Zip Code: _____	
Email: _____		Fax No.: _____	
VA Contractor No.: _____		Class: _____	Expiration: _____
<b>PROJECT</b> <i>(The attached exhibits are provided for illustration purposes only to assist the applicant in sketching the footprint of the project)</i>			
Site Address: _____		LRSN: _____	
Type of Structure to be Demolished: _____		Structure Height: _____	
Total Area of Structure:* _____	Total Area of Land Disturbance:* _____	Total Area of Land:* _____	
Identify Right-of-Way Access to Site: _____		Public: _____	Private: _____
<b>ACCOMPANYING DOCUMENTS</b>			
All disconnect paperwork must accompany application: <ul style="list-style-type: none"><li><input type="radio"/> Virginia Power Disconnect</li><li><input type="radio"/> Newport News Waterworks Disconnect</li><li><input type="radio"/> Virginia Natural Gas Disconnect</li><li><input type="radio"/> Sanitary Sewer Disconnect</li><li><input type="radio"/> Site Diagram</li><li><input type="radio"/> Private Utilities</li></ul>			
If Applicable: <ul style="list-style-type: none"><li><input type="radio"/> Elevator</li><li><input type="radio"/> UST/AST</li><li><input type="radio"/> Asbestos Report <i>(required for certain structures built prior to 1985)</i></li></ul>			
<b>ADDITIONAL PERMITS</b>			
<input type="radio"/> Right of Way	<input type="radio"/> Land Disturbing	<input type="radio"/> VSMP	<input type="radio"/> Other _____
<b>FEES &amp; COSTS</b>			
Permit Fee: \$ _____		Amount of Bond or Insurance: \$ _____	
Name of Surety or Insurance Carrier: _____			
<b>APPLICANT CERTIFICATION</b>			
<p>I hereby assume full responsibility for completion of the proposed work in accordance with all applicable provisions of the Virginia Uniform Statewide Building Code, City of Hampton ordinances and regulations, and regulations of the Health Department of the City of Hampton. I acknowledge I may have to provide additional plans and information to comply with City ordinances and regulations and obtain additional permits. All information provided for this application is true and correct to the best of my knowledge, information, and belief. If approved, the demolition permit is granted only for the work shown and described in this application and becomes invalid if authorized work is not commenced within six (6) months after issuance. Any falsification, misrepresentation, or misleading information provided herein VOIDS the permit.</p>			
Signature of Applicant/Agent/Owner _____		Date _____	